M O O: (D) M,I M

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions) This form should be filed after the Committee qualifies as a multicandidate committee. 12005 MAR 30 A 10: 12 1. (a) NAME OF COMMITTEE IN FULL NARRAGANSETT BAY PAC (b) Number and Street Address 2. FEC IDENTIFICATION NUMBER PO Box 8628 C00403592 (c) City, State and ZIP Code 3. TYPE OF COMMITTEE (check one) STATE PARTY Cranston, RI 02920 TO OTHER I certify that one of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on _____7/8/04 ____ and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: ______ FEC Identification Number: _______ STATUS BY QUALIFICATION: (a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.): State/District Office Sought Name Date **(l)** 8/23/04 Tony Knowles Senate AK (II) 10/8/04 Tom Daschle Senate SD10/12/04 (III) Erskine Bowles NCSenate (iv) 10/12/04 Betty Castor ${
m FL}$ Senate 10/12/04 (v) Chris John Senate $\mathbf{L}\mathbf{A}$ Contributors: The committee received a contribution from its 51st contributor 2/7/05 Registration: The committee has been registered for at least 6 months. FEC FORM 1 was 7/8/04 submitted on: Qualification: The committee met the above requirements on: _ I certify that I have examined this Statement and to the best of my knowledge and beitel it fo true, correct and complete. DATE SIGNATURE OF TREASURER TYPE OR PRINT NAME OF TREASURER 3/25/05 Elizabeth R. Young NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN TO DAYS.

For further Information contact: Federal Election Commission, Washington, DC 20463 Toll-free 800-424-9530 Local 202-694-1100 FE1AN048.PDF

(Revised 1/2001)